



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Not regularly, but could if I had to.



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

all services are  
7-15 minutes  
from home

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Jennifer Burghardt

Address: PO Box 144 W. Stockholm, NY 13696

Telephone: 265-8758

Date: 4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

when I go thru Potsdam  
BUT I DO NOT HAVE A P.O. BOX THERE!



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☒ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

SO I WOULD NOT HAVE TO GO TO GET  
MY MAIL IN BAD WEATHER!

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping PRICE CHOPPER (POTSDAM)

☒ Personal needs POTSDAM + MASSENA

☒ Banking POTSDAM

☒ Employment ALL OVER NY STATE

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

HENRY GARM

Address:

450 SOUTHVILLE RD WEST STOCKHOLM

Telephone:

(315) 265-4366

Date:

4-21-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☐ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

I read the notices & sometimes post.

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

Please keep our post office !!



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

*This will require adding more delivery routes  
I currently have a PO Box because I can not receive home  
delivery*

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

*Eileen Chaffee*

Address:

*PO Box 30, West Stockholm NY 13696*

Telephone:

*315 265 9302*

Date:

*4/21/11*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

you make plenty of money  
I leave our Post office open

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Windows Only

Address:

122 Livingston Rd Box 319

Telephone:

315-265-3568

Date:

April 22 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.





## Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

GIVE RIDES TO POST OFFICE

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

CAN'T BUY STAMPS, MONEY ORDERS & SERVICES  
AT A ROAD SIDE MAILBOX - VERY INCONVENIENT

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

MASSENA



Personal needs



Banking

ROSEM . NY



Employment

RETIRED



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

DORNE TRACY

Address:

109 CTY RD 57 POB 65

Telephone:

315-265-3257

Date:

4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping	Potsdam, N.Y.
<input checked="" type="checkbox"/>	Personal needs	Potsdam "
<input checked="" type="checkbox"/>	Banking	" "
<input type="checkbox"/>	Employment	
<input type="checkbox"/>	Social needs	

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Harold W La May

Address:

429 Stockholm Knapps Station Rd.

Telephone:

315-353-8802

Date:

4/23/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

#### Nonpostal Services

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
--------------------------------	---	-----------------------------

e. Other	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
----------	---	-----------------------------

If yes, please explain:

Get my mail

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain:

You make Enough Money  
Leave Our Post Office Open

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping POTS - MASSENA  
☐ Personal needs POTS - MASSENA  
☐ Banking POTS - MASSENA  
☐ Employment ST Lawrence County  
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Robert Staines

Address:

120 Livingston Rd. Po Box 42

Telephone:

315-265-4789

Date:

April 22 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☒ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

THE PRICE OF GAS

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Pots Dam



Personal needs



Banking

Pots Dam



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

TERRI KENNEL

Address:

450 Southville<sup>RD</sup> WESTSTOCKHOLM

Telephone:

315-265-4366

Date:

4-24-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.





### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping - Potsdam NY

☒ Personal needs " "

☒ Banking " "

☒ Employment " "

☒ Social needs " "

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Ronald Beanis

Address: 1089 Old Market Rd West Stockholm NY 13696

Telephone: 315 353 2709

Date: 4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Keep the Post office



## Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Other Postal Services

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

*Occasionally we pass a post office on our travels but this don't happen everyday. We stop at our local post office every day. It is convenient for the elderly, which my husband & I are. we don't travel out of our way to mail a letter & with the price of gas we cant afford it. Loren & Jean Bronson*



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: no comparison

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Potsdam  
☐ Personal needs  
☐ Banking Potsdam  
☐ Employment Potsdam - Part-time at night  
☐ Social needs Can't afford to socialize

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Loren & Jean Bronson

Address: P.O. Box 137 West Stockholm, NY

Telephone: 315-261-4325

Date: 4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

I do 98% business in Potsdam - stamps, money orders

Potsdam Post Office



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping Potsdam

☐ Personal needs Potsdam

☐ Banking Potsdam

☐ Employment Potsdam

☐ Social needs Potsdam

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Donald Oney Jr

Address: 1087 Old Market Rd, W. Stockholm, N.Y. 13696

Telephone: (315) 212-8153

Date: 4-21-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>Sometimes</i>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>Sometimes</i>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

#### Nonpostal Services

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive  
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service  
will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: You can't buy stamps from rural route  
mail persons. Also the old Rt. 2 route is very long already.  
would probably need to be split.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these  
services?

☒ Shopping Massena  
☒ Personal needs  
☒ Banking  
☒ Employment  
☒ Social needs

This is if you consider my  
community to be West Stockholm.  
Most people in West Stockholm  
consider themselves to be in  
Potsdam community also.

5. Do you currently use local businesses in the community?

☒ Yes ☒ No Village Market

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Jodie Tye

Address: P.O. Box 152 West Stockholm

Telephone: 261-3031

Date: 4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to  
complete this questionnaire.





### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☒ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Steven & Linda Foster

Address:

PO Box 32

Telephone:

265 - 0625

Date:

4/20/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Please do not stop our Post Office  
it will affect a lot of our Seniors  
and make it very difficult for them.



## Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Address:

Telephone:

Date:

4/20/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

#### Nonpostal Services

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

When I go to Potsdam To shop I do my mother's in Newark.



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain: I can walk out to my driveway & get my mail - don't have to drive.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Potsdam - Massena  
☒ Personal needs Potsdam  
☒ Banking Potsdam  
☐ Employment \_\_\_\_\_  
☒ Social needs Potsdam - Parishville

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Dorinda J. Kryna

Address: 73 Co. Rt 57 - P.O. Box 84 W. Stockholm

Telephone: 265-8931

Date: 4/20/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Potsdam



Personal needs

..



Banking

..



Employment

..



Social needs

..

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Philip Whitten

Address:

PO Box 26, W. Stockholm, NY 13696

Telephone:

315-265-2531

Date:

21 Apr 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.





## Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO

- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

*in Potomac, which is  
 10 miles away.  
 the only thing I don't like, is charging our  
 address on everything.*



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☐ Shopping Potsdam
- ☐ Personal needs Potsdam
- ☐ Banking Potsdam
- ☐ Employment Retired
- ☐ Social needs in town & out of town

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Paul & Joan Austin

Address: P.O. Box 126, 33 Stockholm-Knap Station Rd. W. Stockholm, N.Y. 13696

Telephone: 315-265-6015

Date: April 21, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

*I just feel so bad that they want to close our P.O. as my husband has lived here for 67 yrs.*



## Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board

☒ YES ☐ NO

- e. Other

☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Potsdam



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

Like our post Office  
Service

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Maureen Blumgart

Address:

Box 125, West Stockholm, NY 13696

Telephone:

265-3979

Date:

4/20/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



## Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☒ YES ☐ NO

If yes, please explain:

There are no other businesses in West Stockholm so the PO is the "social center" of the village.

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

The West Stockholm PO is 1/4 mile from my house. I walk or drive (in bad weather) to the PO daily.



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No *aside from the PO, there none*

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No *N/A*

Name:

*James Bullard*

Address:

*PO Box 5, West Stockholm, NY 13696*

Telephone:

*315-265-3004*

Date:

*4/20/11*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

*I would hate to see our PO close, I could do without Saturday delivery.*



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☐ NO

If yes, please explain:

N/A



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

VERY INCONVENIENT FOR A BUSINESS LOCATION

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

POTSDAM

☐ Personal needs

☒ Banking

POTSDAM

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: WEST STOCKHOLM FIRE DISTRICT

Address: POB 1

Telephone: 205-7550

Date: 4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.





## Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Sherri A & James W Love

Address:

PO Box 43, W. Stockholm, NY 13696

Telephone:

1-315-265-4857

Date:

April 21, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping  
☒ Personal needs  
☒ Banking  
☐ Employment  
☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: DONALD N WHITE

Address: Box 56 WEST STICKHOLM NY 13696-0056

Telephone: (315) 265-4889

Date: 4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Potsdam



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive  
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service  
will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

I like Post Office ITS  
close of meet others there & say Hello  
and ask How doing. IF Had carrier would never see  
them

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these  
services?

- ☒ Shopping potSDam massena  
☒ Personal needs potSDam, Canton massena  
☒ Banking potSDam  
☒ Employment clarkson  
☒ Social needs West Stockholm, potSDam area  
Parishville, Norwood

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

William Wright

Address:

P.O. Box 149 West Stockholm NY 13696

Telephone:

W 315-265-3663

Date:

4/21/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to  
complete this questionnaire.

We ALL Love our Little  
Post Office. carrier Delivery  
is so Impersonal. our post Office  
Has great Service with great people.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☒ YES ☐ NO
- b. Resetting/using postage meter ☒ YES ☐ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board

☒ YES ☐ NO

- e. Other

☒ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

Living away from that route



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain:

*If on vacation not having mail  
secure in my Box*

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping *Potsdam*  
☒ Personal needs *"*  
☒ Banking *"*  
☐ Employment  
☒ Social needs *"*

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: *Marie M. Barker*

Address: *Box 246 - West Stockholm*

Telephone: *315-265-6732*

Date: *4/20/11* *"Senior"*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.





### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☐ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

opening door - Reaching Boxes

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

FORGET NORWOOD  
no one goes that way from W. Stockholm  
Potsdam - Have you ever tried  
to find a parking spot for  
postal service?



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Potsdam, Massena



Personal needs

Above



Banking

Potsdam



Employment

N/A



Social needs

NORTHERN N.Y.

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

DARRELL W. TRACY

Address:

PO Box 17 W. Stockholm NY 13696

Telephone:

315 265 6016

Date:

4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Much more to follow!